DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH ARMY SECRETARY PETE GEREN; GENERAL PETER CHIARELLI, VICE CHIEF OF STAFF FOR THE ARMY; SERGEANT MAJOR OF THE ARMY KENNETH PRESTON; MAJOR GENERAL JOHN HAWKINS, DIRECTOR, G-1 HUMAN RESOURCES POLICY DIRECTORATE, OFFICE OF THE DEPUTY CHIEF OF STAFF, G-1; BRIGADIER GENERAL RHONDA CORNUM, ARMY ASSISTANT SURGEON GENERAL FOR FORCE PROTECTION; COLONEL ELSPETH C. RICHIE, M.D., MEDICAL DIRECTOR OF THE ARMY MEDICAL DEPARTMENT'S OFFICE OF STRATEGIC COMMUNICATIONS; MASTER SERGEANT MARSHALL BRADSHAW, PROGRAM MANAGER, ARMY SUICIDE PREVENTION PROGRAM; COLONEL ONGORON (PH); CHAPLAIN REESE (PH); DR. PHILIP WANG, NATIONAL INSTITUTE OF MENTAL HEALTH; VIA TELECONFERENCE SUBJECT: UPDATE ON INITIATIVES IN ORDER TO PREVENT SUICIDE IN THE ARMY TIME: 1:00 P.M. EST DATE: THURSDAY, JANUARY 29, 2009

(Note: Please refer to www.dod.mil for more information.) COLONEL GEORGE WRIGHT (U.S. Army Public Affairs): Mr. Secretary, ladies and gentlemen, good afternoon, welcome to the media roundtable for the Suicide Prevention Program. My name is Lieutenant Colonel George Wright, I'm with Army Public Affairs, I'm your moderator today. Reminder: This is an on-the-record event. For one hour, we've got some reporters online and bloggers online as well. After about 15 minutes' worth of presentation from our panelists, we will offer an opportunity for the news media to ask questions. Please --

OPERATOR: Your show will go live in five seconds. Four, three, two, one.

GEN. CHIARELLI: You thought you were in control. (Laughter.)

COL. WRIGHT: Sir, I gave that up years ago, but I -- it was a good try. Once again, welcome to our online visitors. This is an on- the-record media roundtable for Suicide Prevention Program for the Army. We've got the secretary of the Army, the Vice Chief, General Chiarelli, Sergeant Major of the Army Preston, Major General Hawkins, Brigadier General Cornum, Colonel Richie, Colonel Ongoron (ph) and Chaplain Reese (ph) and a special guest from the National Institute of Mental Health, Dr. Wang. After about 15 minutes of presentations, news media will have an opportunity for questions. Please limit them to one with no more, please, than one follow-up, and as a preference, if you could state your agency and your name, we'd be very grateful. With no further ado, Mr. Secretary, the floor is yours.

SEC. GEREN: All right, thanks. Thank all of y'all for joining us today. My remarks are going to be -- (inaudible, audio break) -- subject matter experts that are in the room I would like to thank. We've got Dr. Wang here with the National Institute of Mental Health. In earlier discussions, I know we've talked about the partnership that we formed with the National Institute of Mental Health, the five-year program. We have great hopes that this collaborative partnership with the National Institute of Mental Health will help

us make great progress in this area. But Dr. Wang, thank you very much for being here.

We're here today to talk about suicide statistics. These numbers are -- represent tragedies that have taken place across our Army, and we as an Army, Army leadership all the way down to the most junior member of the Army, are committed to doing everything we can to address this problem within the Army. Every single suicide is a personal tragedy that we take seriously, and we take personally as an Army. General Chiarelli is here today, Sergeant Major of the Army Ken Preston is here today, as well as the subject matter experts to talk about what we're doing to try to address this problem within the Army.

If we're going to succeed and make progress, we're going to have to have coordination across the entire Army and also work effectively with our partners. The Veterans' Administration is a key partner in this, as is the National Institute of Mental Health. Recognizing the challenge and the importance of ensuring effective coordination across, not only Army, but across the government, General Casey and I decided that in order to have the leadership we needed, we needed to have the vice chief of staff of the Army take this on. We asked General Pete Chiarelli to lead the suicide-prevention effort for the Army.

We've got many efforts, and you'll hear about them today, well-coordinated efforts in many regards, but we felt it was critical to have a central figure in the top ranks of the Army that could reach across all those various components, work in and outside of the Department of Defense and bring about the kind of progress that we're all committed to achieve. General Chiarelli, thank you for taking on this very important mission for our Army, and I'll turn it over to you.

GEN. CHIARELLI: Mr. Secretary. This is not business as usual. We need to move quickly to do everything we can to reverse this very disturbing number of suicides we've had in the United States Army. Most of you have already reported the numbers, and confirmed in 2008 is 128. We have 15 others that have not been confirmed yet by the Armed Forces medical examiner.

If those 15 cases are confirmed suicides, that'll take us to 143, 2008, which is a rate per 100,000, I believe, somewhere in the vicinity of 20.2. As the Secretary mentioned, every suicide is a tragedy, but that number is particularly noteworthy because the last reported numbers from the CDC, which lags two years behind, 2006, if I understand correctly was 19.2. And that's important because the United States Army has always had a suicide rate quite a few numbers below that CDC rate, than average Americans, the civilian population had.

For a long time, we were below that rate, and I think it's absolutely critical that we all take a step backwards, take a look at those things we-- (inaudible, background noise) -- before that -- (inaudible, background noise) -- and make sure that what the high op. tempo that our forces are under -- (inaudible, background noise) -- the time they have, the dwell time they have at home, that they review those things that we've done in the past and also add some things that experts around the table will be talking about today to reverse this trend.

I have directed, with the approval of the secretary and the chief, that we're going to have an Army stand-down to address this problem. That stand-down will be conducted between the 15th of February and the 15th of March, where

commanders will take a two-to- four-hour period sometime during that time period to address this problem head on. We are pre-positioning materials that will be available for their use in conducting that stand-down with their soldiers, and in addition to that, we will follow up that period with a chain-teach that is designed to get out to every single soldier and down the chain of command, and that will be conducted in a 120-day period after 15 March. We'll ask commanders to complete that chain teach. But a review of what we've done before is absolutely crucial. The second thing that is absolutely crucial is that we reach out to soldiers and tell them that it is not wrong to ask for help. We have to change our culture. Our culture in the services and in the Army in the past, where people have feared to reach out because they thought that it might affect their career.

That is something that we've got to turn around, and we are committed to doing that. And I ask all leaders, do -- (inaudible, audio break) -- in the past, those things that have helped us in the past, make sure that we continue to do those, and at the same time to reach out to their soldiers and make sure that they understand that there's no stigma. I'll turn it over to Hawkins.

GEN. HAWKINS: Thank you, sir. I'd like to just add a couple of things from my foxhole to what the vice said. This is something of obvious great importance to the senior leadership of the United States Army, and when you drill down, you find that it is of importance to every single leader, even squad leaders and corporals, that this is something that we need to get at. This is not a practice that resonates with what we are about in the United States Army. And some of the methods that we're going to use to get at this will leverage the warrior ethos and the way that we treat ourselves and our fellow soldiers throughout the Army.

So what I'm saying to you is that this is nothing new, with respect to how we're getting at -- (inaudible, background noise). We've been doing suicide work -- (inaudible, background noise) -- of those things that we have done in the past and the engineering of new tools and practices that we will institute to get at this problem. So we're vigorously going after this. We're using something that we're calling a multidisciplinary approach.

Now, if you look at the members of this panel and understand that these members on this panel are also represented in something called a Council of Colonels and a GOSC, a General Officers Steering Committee. Plus, Veterans' Administration and more input from outside audiences. We are no longer simply saying that as a service, we can do it all by ourselves. We're recognizing that this is a problem that is faced throughout the world, but the Army is going to be the leader in trying to solve this problem and to reduce our numbers.

So the multidisciplinary approach involves people -- (inaudible, background noise) -- office, the chaplain's office -- (inaudible, background noise) -- in here with the Army Suicide Prevention Program Office, which is in the Human Resources directorate, which I have, and friends like the National Institute for Mental Health and also the Veterans' Administration and with advice from something that you all know about called the Army Science Board. The secretary and the chief of staff of the Army insisted that the Army Science Board, in fact, use a great amount of its facilities and abilities to get at devising which way we should go. It's a very holistic approach.

And under this approach -- (inaudible, audio break) -- of facts and figures and so on take place with no breaches, because you know, we have many ways of communicating statistics and analyzing statistics. Sometimes it's very

difficult to get one set of statistic gatherers and one set of analysts to talk and understand interchangeably and without some sort of breach what they are doing. So we're making sure that that takes place also, from the top of the Army.

And we have new approaches. The General Cornum down here will talk to you about the comprehensive soldier fitness, because we're also looking at this from a position that the tip of the iceberg of risky behavior and, possibly, something that she will discuss with you called the lack of mental -- (inaudible, background noise) -- lack of mental fitness may be under that tip of the iceberg, and she will give you many examples of how that analogy works in this particular area.

Part of the stand-down will be to make sure that folks are adequately educated throughout the Army on one of our primary programs. And that is the Ask, Care, Escort program, commonly called ACE. We believe that behavior is something that we must get at -- the behavior of the soldiers that may be thinking about this but not willing to talk about it because of potential stigmas and also the behavior of our soldiers that are heroes on the battlefield and must be heroes in the barracks or heroes downtown, that they must be willing to ask a fellow soldier, are you having problems? They must be willing to care enough to listen to that and they must be willing enough to escort -- not say, I think you should go -- but to escort that soldier to a location where he or she can get that care.

Now I'd like to talk about the dedication of this Army to make sure that soldiers have what they need. In this town, a lot of times, you can figure out the seriousness of a program by following the resources. This Army has decided that we are going to resource as appropriately identified by the doers what's needed to get at this, be it people or be it programmatic dollars. And the training support packages that we have in place are being enhanced. You heard about the stand-down, there are new videos, vignettes, et cetera that will all be ready prior to the stand-down, and they will be made available -- (inaudible, background noise) --level of the United States Army.

Sometimes one of the biggest barometers of the feeling of a soldier is not the battle buddy, but it could be the family. We're also, through our family support packages, providing information to them so that they may also do things. Now, if you know the setup of family support systems, we cannot order them to stand-down, but we can certainly help them stand up and help us with this problem. As I said, we have numerous people at this table that can talk specifics from their area, and what I'd like to do, Mr. Secretary, Vice, I'd like to now turn this over to our program manager and let him get on with it.

SEC. GEREN: Thank you, sir. I'm going to try to wrap up the -- our presentation so that we can get to questions pretty quickly, so --

GEN. HAWKINS: Yes, sir.

SGT. BRADSHAW: Okay. Obviously -- (inaudible, audio break) -- the secretary, Vice, General Hawkins, the Army, the Army is concerned regarding where we are with our numbers. As you know, any loss of life, especially by suicide, is a tragedy. That tragedy impacts the unit. It impacts morale in that unit, and it impacts not only that individual but it impacts the family. So it's important that we get out in front of this. I'm not going to reiterate the numbers, the only thing I want to clarify, with the 15 pending cases, if you look at history as a guide, approximately 90 percent of our cases that are

pending come back as suicides. And that's -- as we continue and we -- (inaudible, audio break) -- will eventually work itself out and we hope to have something finalized by our next media release.

Nobody in the Army is satisfied as to where we are with our programs, and I want to talk a couple of quick programmatic things that developed in the GOSC that are going to come out to the tactical level of the Army of where we need to impact this. Already talked about the chain-teach. Stand-down period is 30 days, and by February 15th, we'll have a training support package available to the local trainers and units. (Inaudible, audio break) -- will be "Beyond the Front" -- (inaudible, audio break) -- first learning video. Some folks may have already heard of this, and it was developed in conjunction with Lincoln University, WILL Interactive and the Army Research Institute. (Inaudible, audio break) -- a facilitator's guide, which will show how the facilitator can process a group through decision trees regarding two scenarios.

One scenario is an individual who is contemplating taking their own life and what individuals do around them to help them. And another one is an individual who is co-located, or is a battle buddy, and he notices these behaviors in his battle buddy, and how does he take those actions to help save that life. Again, it's a -- (inaudible, audio break) -- and it's a learning tool. You can make the wrong decisions and it'll bring you to an outcome that's not desirable, but it has tips along the way and it can bring the group back into the right decision-making tree that we're looking for, and it also provides various resources at these various decision points.

The second part of the training is going to be the stand-down. It will take place on or about March 15th, will be the start, and the stand-down training will have a video called "Shoulder to Shoulder." It's a senior leader messaging video that talks about the problem. We've interviewed several people across the enterprise, including some folks who have been impacted by suicides, personal losses, as well as some folks who've attempted suicide. And then it'll go into the resource program available that'll follow along the Ask, Care, Escort -- ACE -- program that General Hawkins discussed.

A follow-on to that video will be vignettes which are built in the deployment cycle, depending on the where the unit is -- if they've just returned for reintegration, they can pick a vignette or two that focuses on challenges in reintegration. (Inaudible, audio break) -- deployed, they can pick those types of vignettes. They also have -- (inaudible, audio break) -- vignettes. It has officer and enlisted vignettes, and it processed the group through.

The biggest question that we want soldiers to do is that they recognize the behavior, ask if somebody is going to harm themselves, if they're thinking of self-harm, and if they are, intervene. And we need to get in the Army culture that we need them to ask. (Inaudible, audio break) -- is designed to do that down to the lowest level.

The other piece I want to talk about is an actionable intelligence cell at the Center for Health Promotion and Preventive Medicine. It has initial operating capability this January. This was something that we established last fall through the General Officer's Steering Committee, and are currently in the process of looking at what spurs soldier suicides, an issue that we're cognizantly aware of, and we have a report due out in February. That'll become more robust as time moves on. And with that I will pass it along --

SEC. GEREN: To the chaplain. I think so.

GEN. HAWKINS: Where's the chaplain? Oh, there you are.

CHAPLAIN REESE (PH): I just want to come online along with everybody else so -- (inaudible, audio break) -- that this is part of an integrated effort across multiple different agencies, and while there are a number of different programs and things I could tell you about, one of the primary strategies that the chaplaincy has is the presence of unit ministry teams, which are chaplains and chaplain's assistants with the soldiers wherever they are. Down to the battalion level, there's a chaplain and a chaplain's assistant assigned to most battalions in the Army that are authorized chaplains and they work together with the commands and with other agencies and -- (inaudible, background noise) -- health professionals and other supportive agencies to try to help the soldiers and their families.

So because of the rapport oftentimes that are established between soldiers -- (inaudible, audio break) -- or in the dining facility or in the parachute -- (inaudible, audio break) -- as well as being deployed with them downrange and understanding and experiencing the hardships that the soldiers face, that report can often lead to -- (inaudible, audio break) -- being able to resolve issues before they get to the point of potentially suicidal behavior. Almost 6,000 chaplains and chaplain's assistants across all -- (inaudible, background noise) -- are absolutely committed to working together with the command and the other agencies to reduce and stem the suicides. MS. : (Inaudible, background noise) -- I've talked to many of you all before, and obviously -- (inaudible, audio break) -- haven't turned this around yet. Two areas that I wanted to -- (inaudible, audio break) -- you may remember that we said that we were going to hire about 300 more practitioners. We've gotten up to about 250 more psychiatrists, psychologists -- (inaudible, audio break). In addition, we've hired over 40 marriage and family therapists. I want to say again to anybody out there who's interested, we are hiring and we need your help.

We're working on training primary care providers, our RESPECT-Mil program and others, because we know a lot of people who won't go see a mental health person right away will go see their doctor. And we're focusing on training everybody in our medical department as are chaplains, really everybody throughout the army. We're also really looking at -- (inaudible, audio break) -- guidelines. What is our there, what's working in conjunction with the Defense Centers of Excellence. And we need the help for the American public. Many of -- (inaudible, audio break) -- away from their unit, so I just think, as I have said before, that this really has to be a national effort where everybody's reaching out to soldiers and their families to recognize that there's a difficulty. With that, I'll pass it back down.

GEN. CORNUM: I just would like to talk about -- (inaudible, background noise) -- because in addition to all the things we are doing to intervene at the acute phase, when somebody's actively considering suicide, in terms of suicide and other mental issues, the Army's committed to true prevention, and that would be aimed at increasing the resilience of the entire force at all phases of their life, not just someone in the throes of their crisis to act.

The Comprehensive Soldier Fitness is a strategy to bring mental fitness in the Army up to the same level of attention and interest as we have historically given to physical fitness. The strategy is going to enhance resilience, and that is the ability to bounce back from adverse events or an

experience, whether that experience is combat or some other stressor in your life.

People, we need to recognize, come to the Army with a very, very diverse range of experiences and strengths and vulnerabilities, not just in their abilities to push ups and run two miles but in their mental as well as physical fitness. And we have to start with an assessment of where they are -- (inaudible, background noise) -- and then provide training and education as need is demonstrated prior to the adverse event.

We did bring together some of the really best civilians as well as our military psychologists and chaplains to put together this tool. We have a draft -- (inaudible, background noise). But as part of this effort, the Army has already instituted BattleMinds and that we have modules right now for essentially every phase of a soldier's training, from the time he comes in until he goes -- when he goes to Clarke Military Academy or until he goes to a pre-command force now, as well as this part of the deployment cycle.

And today, actually BattleMinds is the only mental health and resilience training program that has been demonstrated to reach into the Army to reduce symptoms of Post-Traumatic Stress upon redeployment. In addition to that, people who participated in BattleMind training apparently, by their survey responses, feel less stigma attached to going and getting mental help when they need it. So that's accelerating the institution of the rest of the module -- (inaudible, background noise) -- start, we have other things planned, and we really believe that this is working to raise the resilience of the entire force in this particular era of absolute and persistent conflict.

GEN. HAWKINS: And Dr. Wang from the National Institute of Mental Health.

DR. WANG: Thank you. The National Institute of Mental Health is honored and committed to working with the Army to -- (inaudible, audio break) -- as well other adverse mental health outcomes. I understand the urgency to identify risk and protective factors and to develop new and better interventions. For this reason, as has been mentioned, we are entering a partnership for a five-year research initiative and we expect that this research initiative will -- (inaudible, audio break) -- deliver actionable findings throughout its course. In the immediate term we will be working with the Army on its existing data to identify the lowest-hanging fruit in terms of early-intervention targets; in the medium-term we expect to find new samples from whom data can be collected and analyzed, and new other additional risk and protective factors that can be modified.

Over the longer term, soldiers will be followed. This will provide more detailed sets of information that might lead to even more complex intervention targets that we could apply over time. I'd like to just -- (inaudible, audio break) -- by thanking the Army's leadership for a proactive -- (inaudible, audio break) -- on this problem and emphasize this is the largest research initiative on suicide ever conducted -- (inaudible, audio break) -- in the military world by far. I'd also like to emphasis that the benefits of -- (inaudible, audio) -- not only to the troops and their families but will extend to the general population as well.

COL. WRIGHT: So with that we'll open it up for questions and answers. A reminder please: If you could introduce your organization and your name.

We'll limit to one question with no more than one follow-up. Jim Miklaszewski, for NBC News, please begin.

Q General Chiarelli, you've mentioned a review of op. tempo. What evidence is there that op. tempo-- the increased op. tempo has contributed to this dramatic rise in the suicides in the Army and to what extent does it contribute to that? If there's anything you could contribute -- GEN. CHIARELLI: Well, Jim, that's something that hopefully will come out of some of the work that the National Institute of Mental Health is doing. I think that we all come to the table believing that stress is a factor -- (inaudible, audio break) -- definitely a factor, but when we look at the cases we have we find about one-third with deployment history, one-third with deployed and one-third with no deployment history at all, as you look across the Army. But I think that those statistics have to be looked at; we've got to ask more questions to try to be able to totally answer that question to the effect. But there's no doubt in my mind that stress is a factor in this trend we're seeing. COL. WRIGHT: Sir?

Q David Bourkin (ph) with Reuters. When you look at these different segments of the suicide population, so to speak -- one-third deployed, one-third with history of deployment, one-third with no deployment -- which is growing fastest?

GEN. CHIARELLI: I haven't compared it across years; I don't know if you've got that, Ken?

SGT. MAJOR PRESTON: Yes sir, they're approximately -- it's been comparatively the same. (Inaudible) -- we have -- after 365 days of being back, we have a slight -- (inaudible, audio break) -- of folks that are post-deployment that commit suicide after a year from returning. And we find that the majority of the folks that -- (audio break) -- suicide when they're deployed, it was their first deployment. So multiple deployments tends to be -- (inaudible, audio break) -- initial deployment appears to be where the stress factor is there.

COL. RICHIE: If I could take both of your questions a slightly different way, we've looked for years at what we consider the precipitating factor and for years it's been problems with relationships -- either marital relationships, family relationships or relationships with the unit. That's stayed about constant. In about two-thirds to three-quarters of cases, we see that and the other cases are usually legal, financial and occupational difficulty. Where the outcome is -- (inaudible, audio break) -- is clearly strained relationships, both in the marriage and everybody is just so busy that it's hard to do the kind of nurturing and mentoring that they'd like to do and that's why we're really coming back to the idea of being a cohesive group -- (inaudible, audio break) -- soldiers.

Q If I could just follow-up on that: You mean it's more the stress on the relationships than it is combat stress, for example?

COL. RICHIE: Right. (Inaudible, background noise) -- although it does get a little more complicated than that. Often when people come back after being in theater, they feel disenfranchised; they feel like they don't really connect with the rest of society very well. It's hard to go back to shopping in a store when you've been out -- (inaudible, audio break) -- and so that feeling of disconnection can also impact your relationship at home. So it's not simple; it's multi-factorial.

MR. : Sir, if I could just comment on that as well. We have the Army Science Board has taken a look at at least last year's data of all of the reports and what the main factor that showed us -- there are many contributing factors; it isn't that you can review reports and you can come up with, a relationship plus this equals that, so there are many contributing factors. It's just when the person comes to that culmination point where they believe that they need a permanent solution to a temporary problem -- they reach hopelessness -- and that's what pushes them over the edge. (Inaudible, audio break) -- representing a singular -- (inaudible, audio break) -- these two things will equal suicide or these three things.

COL. WRIGHT: Next question -- (inaudible).

Q Julian Barnes with the L.A. Times. We've heard for years now -- we've been coming to these discussions talk about relationship strain and that leading to suicide. We also know, logically, 15-month deployments strain relationships more than a seven-month or a 12-month deployment. In hindsight, should the Army have done more when deployments got stretched to 15 months? Do you think there was, in hindsight, anything more you could do given longer deployments, more stress on relationships, wasn't this rise in suicide -- couldn't you have anticipated it?

SEC. GEREN: One is you look at the Marine numbers with that -- I saw a CNN report today on what the Marine rate for 100,000 was and I can't verify this but I have a general sense of it that their rate now is 19 per 100,000 and ours is -- (inaudible, audio break) -- seven- month deployment and 15-month deployment. You know, what can we learn from each other? We've got to work across services to learn everything we can from each other. I can tell you that -- (inaudible, audio break) -- those 15-month deployments you did see the Army step up support in many, many ways. That's when we started trying to hire additional mental health workers, that's when we started putting additional resources into family support, trying to reduce the stress on families, trying to reduce the stress on the soldier to help the family back home.

So you saw a tremendous reallocation of resources within the Army budget. During that period of time, we changed family support from about $700 million to about $1.5 billion, just for example. We saw the stress; we recognized it and we started putting resources to that challenge. And I'll let some health professionals speak -- (inaudible, audio break) -- but I can tell you that the senior leadership and leaders throughout the Army, we knew -- we could feel the pressure that the families were under, that the soldiers were under and we started moving resources, and considerable resources, to address those issues that came about as the result of that additional strain on the Army family.

Q Yes -- (inaudible, background noise). Can you share anything with us or have you done any comparison about the location of -- (inaudible, audio break) -- in other words, troops in Afghanistan, troops in Iraq -- what are the differences and similarities and -- (inaudible, audio break) -- may have. And what can you do about that?

COL. RICHIE: I think that I can take that one, Colonel Richie here. We have not seen a straight pattern within Iraq based on location. We have seen in the past a difference between Iraq and Afghanistan. In other words, we've had about 30 suicides a year for the last two years in Iraq -- (inaudible, audio break) -- have been narrowed to two for a number of years. They have been

higher the last couple of years, especially last year, where it looks like we had about seven suicides in Afghanistan.

(Inaudible, audio break) -- as you all know we send in our mental health advisory teams into Iraq every year and they went into Afghanistan in the fall of 2007 and we saw the rates of anxiety and depression and post-traumatic stress disorder going up as the exposure to combat has gone up. So really, it's been a rise -- (inaudible, audio break) -- in Afghanistan. We're very focused on Afghanistan right now as is everybody, I believe, and wanting to make sure we get ahead of it there. Afghanistan has some issues because it's so hard to travel, you know, we've got combat stress patrol providers, we've got chaplains throughout the -- (inaudible, audio break) -- in Afghanistan to get them our to the troops so -- (inaudible, audio break) -- right now.

COL.WRIGHT: Please.

Q Quick follow-up: So if there is some difference between Iraq and Afghanistan, does that not follow that the conditions -- (inaudible, audio break) -- under in that country -- (inaudible, audio break) -- light on the causes that are generating this high rate?

GEN. CHIARELLI: I'd have to say I'd be careful making that comparison, because numbers set out alone are deceiving, given the numbers of forces that we have in Iraq compared to the number of forces we have in Afghanistan. The number is much, of course, smaller in Afghanistan than it is in Iraq and I think you'd have to do a pretty thorough comparison before you could make any kind of decision whether or not two environments, quite frankly, lend themselves to being the bigger problem -- (inaudible, audio break) -- don't see that.

Q As long as we're talking numbers, can you provide the numbers -- the breakdown of men versus women -- 143 -- (inaudible, audio break)? COL. WRIGHT: As we gather that we'll continue. Louie (sp), before I get to you -- (inaudible) -- Contra Costa Times, and New York Daily News, I'll give you an opportunity after Louie from ABC. Please, Louie.

Q (Inaudible, audio break) -- how different will this be the soldiers as they understand -- (inaudible, audio break) -- gotten in the past. How will this -- (inaudible, audio break) -- be different?

GEN. CHIARELLI: Well, I think we have a series of materials that we'll be pre-positioning that will be different than those that we've seen in the past. But at the same time, this is going to be a great opportunity for leaders and soldiers to review those things that, quite frankly, have made us successful in the past in keeping those numbers down. This is not something new: After 36 years in the Army we've worked to lower suicide rates in many times during my career based on actions that have taken place at different post camps and stations. And there's a series of things that we can do out there as leaders, everywhere from making sure that stop and talk to that individual who looks distressed.

And when you realize that he is distressed, not leaving him on the street or telling him to report to CENTCOM but taking the time to escort him to a place where he can get some help, or working with chaplains. So all those things are things that I want to make sure that all leaders and soldiers are reviewing, doing and given the fact that they're on such a high op. tempo, I want to make sure that they have not been forgotten, let's say, given the fact that we're moving pretty quick in the United States Army today.

Q Has any consideration been given to possibly making this a regular thing -- (inaudible, audio break)?

GEN. CHIARELLI: Well, what we want to do is first do the stand- down and then follow that with the chain teach. The chain teach will begin right after the stand-down on the 15th of March and go for 120 days. And after we've had an opportunity to evaluate the immediate effect of that -- (inaudible, audio break).

COL. WRIGHT: And ladies and gentlemen, so we don't get too detailed in the numbers -- we do have press kits that we will distribute at 2:00 along with the names of all of our -- the full names and titles of all of our panelists and Colonel Ongoron (ph), if you could be available after we adjourn for the specifics on the numbers, I think that would be helpful. If we can continue -- New York Daily News, you have a question?

Q Yeah, I do. It's Stephanie Gaskell at the Daily News. The study shows that a majority of the post-deployed suicides occur after a year. What kind of care do soldiers get currently after a year of being home and is that something you want to change or are you looking into that?

COL. RICHIE: Colonel Richie here, one clarification. What we said, I believe, was that a third of suicides occur in the year following deployments.

Q No, I'm sorry, this says after 365 days.

COL. RICHIE: I'm sorry, can you clarify that for the group? MR. : When I said majority, 53 percent of our post- deployment suicides are after 365 days.

Q Correct. So I'm wondering what kind of, you know, what's available to them now after 365 days of being deployed and if that's an area that you're looking to improve on or focus on?

MR. : Ma'am, if we're looking here at soldiers who are active-duty when they commit suicide, there is no detriment in entitlements or benefits or availability of those resources to soldiers at any time within their time in the Army, so the resources that are available post-deployment, whether it be one year, two years or five years -- if they're a member of the Army they have those entitlements and resources.

Q Can you describe what those are, please?

GEN. CORNUM: Perhaps I'll take that one, and -- (inaudible) -- mental health for chaplains. To remind the group, we also have post- deployment health assessments as soldiers come back. We have post- deployments health reassessments three to six months later. We have also, now, started a new annual health assessment, so all soldiers, whether they've deployed are not are asked on an annual basis about symptoms of -- all kinds of health symptoms -- but certainly, symptoms of post-traumatic stress disorder and depression.

In terms of the care available, of course we've got mental health care, psychological health care, chaplains, Military OneSource, if they're eligible for the V.A., they can go there. We have a number of programs that the installation management command has. We're starting some new programs like Warrior Adventure Quest. There's a whole range of program available. The

challenge is often that the soldier is reluctant to go seek care, and that's the piece that we really have to work on.

I think another really important point to be made about that particular statistic is that the population of people who have been deployed more than a year includes people who have been back two years up to thirty years, whereas, the people who are within a year is a much smaller population of people are only within one year of being deployed.

COL. WRIGHT: Contra Costa Times. John, I believe your name is?

Q Yes, thank you. Is there any significant indication that many of these suicides are taking place after redeployment orders?

SEC. GEREN: I'm not sure I understand the question.

Q Well, if someone who's been deployed comes back and is about to go back over. GEN. CORNUM: That has not been a major factor. I think there have been a couple cases of that. We can certainly go back to the data and look and give you that number. Although anecdotally, a lot of people think about the troubles as related to deployment, that's been the exception rather than the rule. But we'll go back and get exact numbers.

COL. WRIGHT: Just to understand the question, you said redeployment, and we're not talking -- he didn't mean -- you're talking about being deployed again.

Q Yes, correct. Correct.

GEN. CHIARELLI: And as a matter of fact, we are currently drilling down those numbers to determine if a particular unit or a particular individual had an alert that they were going to be deployed, did they then choose to commit suicide as opposed to going to serve.

COL. WRIGHT: You, sir, and then we'll go to Jeff.

Q I'm Dan Sagalyn from "The NewsHour with Jim Lehrer." I'd like to ask Secretary Geren and Chiarelli, how would you characterize this suicide problem? Is it a crisis? And just to follow up, will the stand down include National Guard reserves?

SEC. GEREN: Every suicide is a tragedy that we take personally. You used the phrase crisis -- I don't -- this is a challenge of the highest order for us as an Army, and we are doing everything we can to address it. As to what title you would use to describe it, it would vary with the person, but every one of us takes every one of these deaths personally. And our commitment is we're going to do everything we can and we're not going to stop until we don't have any suicides in our Army. And our reserve that we feel to attack this problem would be the same if it's 120 or 110 or 100 or 90 or 80 -- we take every one personally and consider every one of these as a loss to the Army family and feel a personal commitment to that soldier, to that family.

Q But overall, the situation is not a crisis?

SEC. GEREN: I don't know how to answer it any better than I have. I don't know how you define that term. Solving the problem is a matter of utmost importance to us as an Army. We consider one one too many. The fact that we

have the number that we're dealing with today certainly -- (inaudible, background noise) -- the fact that we take every single one seriously and consider it a challenge in our Army as long as there's one suicide.

GEN. CHIARELLI: As far as -- there are 1.1 million men and women in the United States Army. And of that, we have the reserve components and the supplies to the reserve components as well as the active-component Army. Now, there may be instances with the reserve components where the 30-day period of the stand down, because of drill periods, may be difficult. And I've already had correspondence with National Guard reserve leadership that indicates that they'll do their darndest to get it in in that 30-day period, but there may be instances where they will not be able to get it in, and they'll do it at the first available time that they have.

COL. WRIGHT: Jeff, do you have a question?

Q Yes. Jeff Schogol with Stars and Stripes. This is for whoever wants to answer it. The Army has already allocated a significant number of -- a significant amount of resources -- at this problem. Why does the number of suicides keep rising?

SEC. GEREN: I don't know -- many different opinions on that at the table.

If you look at ways to measure progress, one of the indicators of progress is soldiers willing to seek mental health care, and we have seen progress in that regard. We have mental health assessments that we do in theater. And we're beginning our new MHAT right now. And encouraging news we've seen is that a higher percentage of soldiers feel that they can come forward and seek mental health care without feeling that it would either be a sign of weakness or affecting their career.

If we could explain why we have this number of suicides, we would be doing everything we could to implement programs based on that knowledge. We've got a multifaceted approach. I think what we're going to get out of NIMH over the next couple years, perhaps, will not only address as an Army, but as a nation, gain better understanding into this national tragedy. But why do the numbers keep going up? We cannot tell you. But we can tell you that, across the Army, we're committed to doing everything we can to address the problem.

Suicides are individual decisions; they're individual crises; they're individual matters. And for us to intervene effectively, we're going to have to get inside of that -- the mental state of that soldier -- and help him or her unravel that problem. And it's going to have to -- the success will be on a soldier-by-soldier, individual- by-individual basis. Every suicide's unique. And we are acting on the knowledge that we have now and committed to gaining more knowledge. And in fact, we believe that, with this investment with NIMH, we ought to be able to advance the body of knowledge for the entire country on this issue.

GEN. CHIARELLI: And I would like to use this opportunity to remind everyone that eight months ago, OSD announced the revision of question 21 on the security questionnaire. And I can't help but take this opportunity to remind everybody, particularly those in the military, that that question has changed. And they no longer are required, when they seek this kind of help, except in extreme circumstances, to indicate so on the question and it will have no impact

on their ability to get a security clearance. And that's important for everybody to understand.

(Cross talk.)

Q (Inaudible) -- indication that that has had a positive impact?
GEN. CHIARELLI: Yes, I think there is.

Q Is there data to support that? I mean, how do you know that?

SEC. GEREN: Well, I would like to take that question this way, if I may -- and I invite the National Institute of Mental Health representative, Dr. Wang, to join in. As you heard him say, we are sort of leading the way in getting at this problem that is not an Army-only problem. Now, realizing that one suicide -- one soldier -- and its fill-down impact on families and this Army is tragic, but the thought occurs that, possibly, if we were not spending the dollars that we are spending, if we were not doing the things that we are doing, what might that number be? What might that number be? And the other thing is the fact that the things that we've been doing in the past were not wrong. It's just that we need to enhance our efforts, and we're going to do that. We're going to do that.

Q Do you need to do something differently?

SEC. GEREN: Well, we need to enhance some of the things that we're already doing, and we need to also do some new things, such as the stand down, such as the chain teach. And I think that Dr. Wang has lots of ideas. Part of his charge and the dollars that we've spent with this great organization, the National Institute of Mental Health, is to identify those things that we are doing that have positive effect and those things that we are doing that have no effect. And so there'll be a shifting of ideas as this matures. Dr. Wang?

DR. WANG: If I could just add to that, I think the approach that the Army has been taking in terms of our partnership is scientifically sound and expeditious. You know, as many of you are asking what are the risk factors? What are the things that may be responsible for this rise? And as several people have said at this table, well, there's probably multiple -- you know, it's not a single cause -- it's probably multiple and no set of causes explains all of the suicides.

And the approach that we're partnering with the Army on is the right way to get the risk factors. But no one's waiting. And I think, General Chiarelli, as you said, in the meantime, there's also a need to identify factors that can identify soldiers who may be at high risk. They may not actually be the cause, but they can give you kind of a tab or a marker for identifying who may need program intervention, screening, or monitoring or more intensive treatment.

So this initiative is designed to identify -- (inaudible) -- factors, which will be, again, probably multiple and peak ones and the data will have to describe those factors. But in the meantime -- (inaudible) -- factors that can be used by the base commanders, chaplains immediately to identify those who may be at high risk, whether or not these factors are actually causally responsible. So I think the approach the Army is taking in this initiative with us is, again, sound and I think is the way to deliver rapid and actionable results.

COL. WRIGHT: Before we go to a remote question, Dr. Richie, you had some comments.

COL. RICHIE: We've been struggling with this for a while and the question that you asked about why are rates going up, we certainly have been asking. I think part of the reality that we all know is we all have been working very hard as an Army for a very long time. You heard General Casey and others talk about being out of balance. We know we're working very hard, very fast; what we don't know -- none of us has the silver bullet; none of us has the answers. If we did, we would have solved it a while ago.

COL. WRIGHT: Thank you, Dr. Richie. I know we've talked to the Contra Costa Times and the New York Daily News; are there any other remote listeners?

Q I have a question.

COL. WRIGHT: Please.

Q It's Matt Kauffman with the Hartford Courant.

COL. WRIGHT: Hi, Matt.

Q Hi, how are you? Could I ask whoever would like to take the question, and if whoever's speaking could identify themselves, for those of us on the phones. Is there -- I know you're going to take kind of a wide-ranging look at things; I'm wondering if there's an interest in taking a look at things on kind of the front end, on either the recruiting or the enlistment policies and practices? Is it possible that folks are being brought into the Army that should not be there -- that do not have the mental fitness on the front end?

SEC. GEREN: Our recruiting efforts -- and we do have ways to try to assess somebody's suitability for being a soldier -- are there screens that we could apply that we don't know now? Perhaps that's something we'll learn from the National Institute of Mental Health. We try to assess on the front end, and we try to assess the status of the soldier as he or she progresses through the system. But is there something that we could learn to do a better job of finding those that could handle the challenges of Army life? Perhaps there is, but at this point, there's nothing that we know that we could do better that would be a predictor of behavior in this regard.

And then, just bear in mind our -- we don't know what the rate of suicide per 100,000 is in the private sector -- we know it from two years ago -- but we're roughly the same. And we know that in the civilian world, the rate of suicide has gone up, but we don't -- the statistics lag by two years. So we find ourselves roughly on par, though, at this point, just using a guesstimate of what we've seen in the private sector. So this is not just an Army problem, it's a national problem. And solutions will not all be found in the Army; the solutions for us, as a nation, to make progress will come through partnerships inside and outside of the military.

And we can't sit here and pretend that we are going to be the one that's going to solve this problem. But I can tell you that we, as an Army, share a commitment to solving this problem that I like to think meets or exceeds any organization in the United States. We see every one of these losses as the loss of a family member -- not just immediate family, but a loss to the Army family.

And we're committed to doing everything we can to address this, understand it better, put programs in place. And our goal is to have a soldier that has resiliency -- that can handle these types of problems in a manner that would set him or her apart from the private sector. But again, this is a national problem; it also happens to be an Army problem.

COL. WRIGHT: Matt, that was the secretary of the Army. Do you have a follow-on?

Q I guess I'd push the question a little. You have, right now, in terms of screening -- in terms of, sort of, formal screening, I should say -- a single non-diagnostic question on the DD 2795, and is that adequate?

SEC. GEREN: We have a pilot program that we're looking at. It was not developed to deal specifically with the issue of suicide, but try to look at some intangible factors that will help predict how a potential soldier would do in Army life. And it does look -- go further and look at other personality traits. And perhaps, as we gather the information in that pilot program, it will lead us to some avenues that will be helpful, in this regard. But at this time, we have not -- we don't have a screen that we believe could effectively identify this threat on the front end of somebody's career.

GEN. CHIARELLI: That's one reason why we think that the involvement of leaders at all levels is absolutely critical to this, no matter what happens, whether a soldier comes in through the training base, whether he exhibits these kinds of issues early on in his career or later in his career, the key, critical piece here is that leaders and other soldiers understand what the warning signs are and take the appropriate action when they see those problems arise and get that individual help.

SEC. GEREN: Right.

Q Can I ask a question, please?

COL. WRIGHT: Please go ahead.

Q It's Lizette Alvarez with the New York Times. COL. WRIGHT: Hi, Lizette.

Q Hi. Speaking of what you just mentioned, I've heard in the past that efforts to minimize the stigma involved in reaching out and getting help sometimes don't trickle down to the NCO level and some of the logjam starts happening there with some of the sergeants and the squad leaders. Are there any particular efforts to really kind of get that message out to them, because they're under a different set of pressures, there?

GEN. CHIARELLI: I'd like the sergeant major of Army to speak to that, but we had a chain teach program on the issue of PTSD and other mental health problems. And the goal of that chain teach was literally to speak personally to every single soldier in the Army, active guard and reserve. And we are up to over 900,000 soldiers who have gone through that chain teach program, so we recognize it can't just be a program dropped in from the top; you've got to talk to soldiers on an individual basis. And we recognize that and our programs reflect that reality. Sergeant Major?

SGT. MAJOR PRESTON: Sir, I'd like to answer that question, I guess, in two ways, gentlemen. Right now, in the immediate future with the chain teach

that's going on, just as we did back in October of 2007 when we did the chain teach on PTSD and mild traumatic brain injury, it's an education process for all soldiers and all leaders, all the way down to the sergeant level, because it's at the sergeant level where they're responsible for their little piece of the Army -- their two or three soldiers.

And it was to ensure all the way down to that level that, one, everybody knew and understood what PTSD and mild traumatic brain injury was, just as we're going to do now with suicides, but also, two, to get at the stigmatism (sic) to, you know, one, you know, so that the soldiers at the lowest levels did not perceive a stigmatism to ask for help, but at the same time, to allow the leaders to convey that it's okay to ask for help. So it's a stigmatism on both sides.

Then, as I also looked at the future as, you know, what are you doing further on down the road? You know, the secretary of the Army, the chief of staff, announced earlier this month that this would be the year of the non-commissioned officer. And one of the initiatives this year is the Army career tracker. We looked at all the different, comprehensive health programs that are out there and all of the things that Brigadier General Cornum is working on.

You know, the Army career tracker is really the mechanism in which we'll be able to provide a venue to get education out there to leaders. You know, training you do, and organization, but it's education -- the process of teaching an individual how to think and not what to think -- that you can get out there to better educate leaders on the science of one of those -- (inaudible) -- that we want to get at. COL. WRIGHT: Thank you, sergeant major. Remote callers, before we lose our connection, if you have follow-on questions, let me know. I will also be sending you a press kit with the statistics after we adjourn. Are there any other questions in the room? We've got about three minutes left.

Q I've got one question.

COL. WRIGHT: Go ahead.

Q Yes, sir. This is C.J. Grisham from A Soldier's Perspective. I also happen to be an active-duty soldier and yes, that word is getting down to the company level. But my question is, among other contributing factors that we're looking at that pertain to Army suicides and things, are we also looking at outside factors such as our PCS moves, family member job losses, the economy, things like that, as we try and establish the root causes of why some soldiers are choosing suicide over life?

GEN. CHIARELLI: We are. This is Pete Chiarelli. One of the things we're trying to get a handle on is the effect of the current economic downturn on soldiers who are PCSing. And I have anecdotal data in from different post camps and stations. Today, we continue to collect that, and we'll be coming to the leadership of the Army here very, very soon with a readout of how we think that's affecting the force and possibly some of the things that we can do to help soldiers. And I also know that OSD is working hard to get a handle on this.

COL. WRIGHT: Final question? Mr. Secretary, would you like to summarize?

SEC. GEREN: Thank all of you for participating, and I want to thank the leaders around this table for the work that they have done on this. Dan,

you asked a question: Is this a crisis? And I've reflected on that question since you asked it. We are roughly on par with the national average. For every family who's lost a loved one, or for everyone who's struggling with depression and thoughts of suicide, that's a crisis. In the Army, we lost 125, maybe 143 people to suicide. Those were 143 personal crises. And we in the Army take every one of those personal crises personally. And our commitment is to help those soldiers that are dealing with those personal crises, and we embrace that as a personal crisis of their Army family. And our commitment is to lead the nation in this area, working with NIMH.

I hope five years from now, we can say that the pioneering research happened because of the commitment of the United States Army to solve this problem. But it is a national problem. It is an Army problem. But our commitment is, we're going to lead the way in solving this problem. And as long as there is a single soldier out there struggling with this personal crisis, we are going to consider that a crisis of our Army family and direct our resources -- our commitment -- to meet the needs of that soldier. Is there a silver bullet out there? I'm confident there is not. And what works for some soldiers isn't going to work for every soldier. Chaplains have personal, private stories of where they have intervened and have moved somebody from the brink of suicide on to a healthy life. But -- (inaudible) -- can tell you those same kind of stories. He'll have NCOs that have intervened and have helped a young enlisted person deal with a crisis. This is gong to be a problem that's going to be solved one personal crisis at a time. It's never going to be solved until everybody in the Army is sensitized to this challenge and is checking on their buddy. And once they've checked on him or her, following up with them.

But we come before you with a commitment that is felt from the lowest rank to the highest ranks of this Army, uniformed and civilian, and we are applying all the resources we feel that we can effectively apply to this problem, both human and financial. And our goal is to help lead the nation in dealing with this tragedy that touches too many families a day all across the country. But again, thank you all very much for taking the time to visit with us about this, and I hope in the coming months and coming years, I hope we get back together and we can say we have moved the needle on this issue -- we have learned something. And the Army will be better for it; the nation will be better for it.

COL. WRIGHT: Thank you, Mr. Secretary. Thank you all very much. I've got media kits here. General Chiarelli will be available for on- camera interviews to my left, on that side of the room. I know you have general questions for Colonel Onguron (ph), and if you can make your way to the appropriate authorities, we'd be grateful. Shelly (ph), if you want to look after that, thank you.

END.